

SCL APPLICATION INSTRUCTIONS

Read these Instructions before completing the enclosed application

*** DO NOT LEAVE BLANK OR YOUR APPLICATION WILL BE RETURNED TO YOU AS INCOMPLETE**

Section 1

- *Name-** Please print first, middle and last name of applicant legibly
- *Sex-** Circle M for male and F for female
- *SS#-** Should only have 9 numbers
- *Medical Assistance #** This is the # on your MEDICAID card
- *DOB-** example: 08/18/1966
- Phone #-** Always include area code. If no phone, please indicate this
- *Present Address-** Please print legibly.

Section 2

Complete this section only if you are the **LEGAL** representative or guardian

If applicant is a minor there must be a legal guardian

If you complete this section you **MUST** sign your name in this section

Section 3

Complete this section if you currently have a case manager . This is someone who coordinates services. This could be a person or an agency such as the local comprehensive care center in your area. If you do not have a case manager leave blank.

Section 4

*This section **MUST** be completely filled out and signed by a Physician or a QMRP (qualified mental retardation professional) if you are applying for SCL services

CMHC MR/DD Director Signature is **NOT** required unless you are applying for ICF/MR (facility) placement. If applying for ICF/MR you **must** attach a copy of applicants current Individual Support Plan, current Psychological, social history, crisis plan, behavior support plan and a current needs assessment. A MR/DD director's signature indicates that all community options have been exhausted and an ICF/MR is the least restrictive placement available.

- * Axis I (if there is no diagnosis put "none")
 - * Axis II (if there is no diagnosis put "none")
 - * Axis III (if there is no diagnosis put "none")
 - * Axis IV (if there is no diagnosis put "none")
- * Age disability identified-this is the age the applicant was diagnosed with mental retardation or a developmental disability (Ex: birth, 1 yr old ect.)

Section 5

Applicant **MUST** sign this section if he/she does **NOT** have a legal guardian

If unable to sign, a mark or "X" is acceptable

*Questions 6, 7, 8, 9, 10, 11, 13, 16

Please check only **ONE** box that best describes the applicant

Person completing Application

*Name of person completing this form

What is your **relationship** to the applicant?

Phone # of person completing this form

Signature and Date